

FY23 Mental Health Block Grant (MHBG) Application

Draft For Public Comment – REVISED 8/16/22 11:45am

(Part 2 of 3)

Aloha! You are viewing Part 2 – CRISIS SERVICES.

Below are drafted responses to required questions in the MHBG application concerning CRISIS SERVICES. Please review the drafted responses. Your feedback, edits/corrections, or questions may be submitted via this [FY 2023 MHBG application feedback form](#) no later than Friday, August 26, 2022.

II. Environmental Factors and Plan - Crisis Services

1. Briefly narrate your State's crisis system, including a description of access to crisis call centers, availability of mobile crisis and behavioral health responder services, and utilization of crisis receiving and stabilization centers.

Hawaii Crisis Services Program Overview

Hawaii's crisis services program provides face-to-face, short-term intensive mental health services in a variety of community settings. The intent of the program is to help people in crisis (PIC) cope with immediate stressors, identify and use available resources and individual strengths, and to assist the PIC to return to their baseline level of functioning.

The goal of the program is to provide community-based interventions for PIC experiencing an episode of emotional, behavioral, or psychological crisis through rapid response to their emergent needs. For example, assisting PIC in resolving crises in the least restrictive setting, preventing the need for more intensive interventions, and assisting frequent users of crisis services in developing plans to promote their own wellness.

Crisis Service Array

Hawaii's crisis services program consists of the following services:

- 988 Suicide and Crisis Lifeline Response
- Hawaii Cares Mental Health and Substance Abuse Call Center
- Crisis Mobile Outreach (CMO) for Youth
- Crisis Mobile Outreach (CMO) for Adults
- Crisis Support Management (CSM)
- Licensed Crisis Residential Services (LCRS)
- Stabilization Intensive Case Management (SICM)
- Certified Peer Specialist Support (CPSS)
- Crisis Management Fund (CMF)
- Crisis Safety Planning

988 Suicide and Crisis Lifeline

Anyone who may be experiencing a mental health crisis may call or text 988 or 1-800-753-6879. Those calling 988 from the Hawaii area code, 808, will automatically be directed to Hawaii CARES. Callers from area codes other than 808 will be directed to other States' crises lines and may be routed back to Hawaii.

Hawaii CARES Mental Health and Substance Abuse Call Center

Hawaii CARES is Hawaii's crisis and suicide call center and is in operation 24 hours a day, 7

FY23 Mental Health Block Grant (MHBG) Application

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(Part 2 of 3)

days a week, 365 days a year. Specially-trained Hawaii CARES crisis screeners listen to callers, hear their story and complete a brief screening and/or assessment. Screeners may arrange for access to mental health, co-occurring substance abuse treatment, recovery and support services, and crisis intervention. Hawaii CARES coordinates crisis response with 911 dispatch including police and ambulance and provide information and linkage to other

Crisis Mobile Outreach (CMO) for Youth

Youth CMO services for children and adolescents are available through 988 and Hawaii CARES. CMO for youth provides community-based services to youth experiencing psychiatric and psychosocial non-life threatening emergencies. CMO services are available 24 hours a day, 7 days a week, 365 days a year on the major Hawaiian Islands – Oahu, Kauai, Hawaii, Maui, Molokai, and Lanai. CMO workers are expected to make contact with the youth via telephone within 15 minutes. If further intervention is needed, a CMO team is dispatched to the location of the youth in crisis. CMO workers are expected to arrive onsite within 45 minutes of the initial call to provide face-to-face crisis stabilization services.

Youth CMO services are provided by crisis therapists with education, experience, and training in crisis intervention and crisis management. For example, CMO workers provide interventions that are designed to assess the youths' needs in relation to the crisis, and then help develop safety plans to implement in the event of another crisis. CMO workers can also help youth to access Therapeutic Crisis Beds (TCB) and lower level services, such as the youth Residential Crisis Stabilization Program (RCSP), and referral information for Children and Adolescent Mental Health Division (CAMHD) services.

A CMO worker cannot transport youth or respond to calls for youth who are an active threat to themselves or others. Should the situation be the latter, the youth is referred to the police or to the nearest hospital Emergency Department, as appropriate. Within 24 hours after the crisis call, the CMO follows up with a call to the caregiver and gives relevant referral information as needed.

Crisis Mobile Outreach (CMO) for Adults

For adults, CMO services are available through 988 and Hawaii CARES. CMO for youth provides community-based services to adults experiencing psychiatric and psychosocial non-life threatening emergencies. CMO services are available 24 hours a day, 7 days a week, 365 days a year on the major Hawaiian Islands – Oahu, Kauai, Hawaii, Maui, Molokai, and Lanai. CMO workers are expected to make contact with the individual via telephone within 15 minutes. If further intervention is needed, a CMO team is dispatched to the location of the adult in crisis. CMO workers are expected to arrive onsite within 45 minutes of the initial call to provide face-to-face crisis stabilization services.

The CMO worker can arrange for Crisis Support Management (CSM) and/or arrange for transport of the adult to a Licensed Crisis Residential Shelter (LCRS) or other appropriate action. As with youth, if there is an active threat, the referral is made to the police or nearest hospital Emergency Department.

Crisis Support Management (CSM) and Crisis Peer Support Specialists (CPSS)

CSM workers are able to assist the PIC for 30 days. CPSS will work in tandem with CSM workers to provide peer support and assist the PIC with developing their own wellness plan and roadmap to recovery.

FY23 Mental Health Block Grant (MHBG) Application

Draft For Public Comment – REVISED 8/16/22 11:45am

(Part 2 of 3)

Licensed Crisis Residential Shelter (LCRS) and Stabilization Intensive Case Management (SICM) PIC seen by CMO and who may continue to be at high risk without the benefit of 24-hour support services may be referred and admitted to the LCRS or SICM. CMO will provide or arrange for the PIC to be transported when necessary to further facilitate crisis stabilization.

SICM services include case management and peer support, and may be accessed without CMO initiated placement. If arranged without CMO, Hawaii CARES would arrange PIC transportation.

For the LCRS and SICM, the average length of stay is 3 to 14 calendar days.

Crisis Safety Planning

A crisis safety plan is developed with input from the consumer, their guardian, treatment team, and family members. A safety plan identifies problematic behaviors, triggers, warning signs, and what to avoid because these things do not calm the consumer and may worsen the crisis.

For children and adolescent service recipients, caretakers are encouraged to use the safety plan and appropriate de-escalation techniques to minimize the occurrence of crises. Caretakers may use their discretion on whether to implement the safety plan or not, or immediately call 988 or 911. Should a youth-in-crisis go to the hospital Emergency Department, the youth will be evaluated for safety and level of care, after which the youth may return to their current settings and supports, referrals are made, and information about the crisis is given to the guardian/family, the Child and Adolescent Mental Health Division (CAMHD), and mental health providers, as appropriate.

After the hospital Emergency Department's assessment, the youth may be referred to an acute mental health care center (e.g., Kahi Mohala or Queen's Family Treatment Center – both on the island of Oahu); or placed in an out-of-home setting (e.g., TCH, RCSP, other shelters). After approximately 7-10 days stay at Kahi Mohala or Queen's Family Treatment Center, the youth may return home or receive additional support from Kahi Mohala's hospital-based residential care for 45-60 days, or the youth may be discharged to other treatment services. For adults, they are referred to appropriate care and placement after stabilization. Inpatient care is available in all counties, but the State psychiatric hospital is located in Oahu only.

2. a) Identify the stages where the existing/proposed system will fit (using the box provided)

	Exploration Planning	Installation	Early Implementation	Middle Implementation	Majority Implementation	Program Sustainment
			Available to less than 25% of the people in the state	Available to about 50% of people in state	Available to at least 75% of the people in the state	
Someone to talk to						X
Someone to respond						X

FY23 Mental Health Block Grant (MHBG) Application

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(Part 2 of 3)

A place to go					X	
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2. b) Briefly explain your stages of implementation selections.

Hawaii has implemented its crisis system statewide. All county communities in the State have independent and integrated crisis responses. However, there is still work to be done to improve the quality of responses and to improve the data collection and reporting processes. For example, the Child Adolescent Mental Health Division (CAMHD), Adult Mental Health Division (AMHD), Alcohol and Drug Abuse Division (ADAD) and other providers and stakeholders are collaborating to improve the development, efficiency, and utilization of the 988 call center.

For adults, stabilization beds are available in three of the four counties. AMHD is in the process of training and employing more certified peer specialists and forensic peer specialists.

For youth, employing more peers is a goal so youth in crisis may have someone to talk to. Through CAMHD and/or AMHD, staff facilitate monthly meetings with hospital emergency department physicians, CMO workers, State Department of Education leaders, community mental health providers, and others to address and resolve crisis service system improvements.

Crisis Intervention Team (CIT) training continues to be prioritized for county police officers. CIT training is a community partnership between local law enforcement, health service providers, mental health advocates, and mental health service recipients. Law enforcement officers volunteer to attend CIT training. CIT is not a mandatory training at this time. After completion of CIT training, law enforcement officers earn the distinction of CIT trained officer.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the State will develop the crisis system.

Hawaii's crisis system has been developed and implemented with the support of the MHBG. It seeks to continue developing a data-guided and collaborative approach in further developing its crisis system. This includes regular monitoring and continuous evaluation of performance through shared data systems, committed leadership, technical assistance, training and communication.

With the implementation of the 988 Suicide and Crisis Lifeline, Hawaii CARES will begin local text and chat services for a truncated period of time. In addition, Hawaii CARES has begun to implement follow-up procedures to ensure that individuals who have received intervention from CMO workers or through the Hawaii CARES call center, will receive a follow-up call/contact within 24 hours.

The State will continue to monitor the expected increase in Hawaii CARES call center volume for telephone calls, text messages, and chats and ensure that staffing is adequate to meet the demand.

The State will also monitor the response times for CMO and ensure that staffing is adequate across the state to meet the expectation of face-to-face contact within 45 minutes.

FY23 Mental Health Block Grant (MHBG) Application

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(Part 2 of 3)

4. Briefly describe the proposed/planned activities using the 5 percent set aside for the crisis system.

Access to crisis mental health care continues to be a challenge for Hawaii youth, especially those who do not live on the island of Oahu. There are no youth acute mental health centers on the other seven islands of the state. There is a lack of mental health providers within emergency departments who can adequately assess, triage, treat and stabilize youth in a mental health crisis and then refer them to appropriate settings for continued mental health care, as needed. Some youth remain within the emergency department for weeks after they have been stabilized and are ready to be placed in a non-acute facility.

The challenge extends to the adults, particularly on the island of Kauai. There are only two acute mental health care centers in the state, and both are on the island of Oahu.

The Child and Adolescent Mental Health Division (CAMHD) is proposing to address this access issue by hiring a licensed clinical social worker (LCSW) or a licensed social worker (LSW) to be a resource for CAMHD clients and other youth experiencing a mental health crisis who have been admitted to hospital emergency departments. Those hired into these positions will initially assist in placing emergency department youth into appropriate settings. These services will be provided through telehealth to service youth on all islands of the State.

The Adult Mental Health Division (AMHD) is using the 5% to increase the crisis continuum, including stabilization beds across counties, crisis mobile outreach staffing, and peer specialist inclusion.